U.S. DEPARTMENT OF ENERGY
2006 National Science Bowl®
Coach Confidential Medical Information and Emergency Notification Form
(Please fill out the entire 2-page form

School _____

Name _____ Birth Date _____ Sex: M ☐ F ☐

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone ( ) — _____ SS — — _____

Date of Last Tetanus Shot: _____

Yes	No		If Yes, explain
☐	☐	Allergies	_____
☐	☐	Surgeries	_____
☐	☐	Food Allergies	_____
☐	☐	Vegetarian	_____
☐	☐	Physical Needs	_____
☐	☐	Visual Limitations	_____
☐	☐	Prescribed Medications	_____
☐	☐	Over-the-Counter Medications	_____
☐	☐	Recent Illness	_____
☐	☐	Health Insurance	**IF YES PLEASE FILL IN INFORMATION BELOW**

HEALTH INSURANCE

Physician	Contact	Insurance
	Name	
( ) —	Phone	( ) —
	Policy #	

CONTACT INFORMATION

Primary	Contact	Secondary
	Name	
( ) —	Phone	( ) —
( ) —	Cell Phone	( ) —
	Relationship	

CONSENT TO MEDICAL CARE AND TREATMENT

CONSENT TO MEDICAL CARE AND TREATMENT

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) by a licensed physician, nurse or hospital in the event I am not available to consult with the attending physician(s) and the attending physician(s) deem it advisable to proceed with such treatment(s).

_____ **Date** _____

(Signature in Blue Ink)

NO FAX COPIES